U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Thomas J. Ritchie, Sr.	Name Ohio Council 8, AFSCME, AFL-CIO		
	Labor Organization File Number 512927		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1644 Spaulding Road	Street 6800 North High Street		
City Dayton	City Worthington		
State Ohio ZIP Code + 4 45432	State Ohio ZIP Code + 4 43085		
5. Position in labor organization. Director of Field Services and Organizing			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
	sions set forth in the instructions): derived income or other economic benefit of		
(except as specified in the exclu	sions set forth in the instructions): derived income or other economic benefit of		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Thomas	Q.4	Citalia	Sh

ZIP Code + 4

On 8 10 05

932-461-9983

Telephone Number

City

State

Name of Person Filing Thomas J. Ritchie, Sr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organical contents.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Duvin, Cahn & Hutton, LLP	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Erieview Tower, 20th F1.	
Street 1301 East Ninth Street	
City Cleveland State Ohio ZIP Code + 4 44114	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Ohio AFSCME Care Plan	Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The
Trade Name, if any:	Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid
P.O. Box, Bldg., Room No., if any	legal service benefits to members of Ohio Council 8, AFL-CIO. Thomas J. Ritchie, Sr. i a trustee of the Ohio AFSCME Care Plan.
Street 1603 East 27th Street	11.b. Approximate dollar value of such dealing. Unknown to filer.
City Cleveland	12.a. Nature of interest held or income received.
State Ohio ZIP Code + 4 44114	Dinner the evening before the Ohio AFSCME Car Plan Board of Trustees meeting provided by Duvin, Cahn & Hutton. April 13, 2004.
	12.b. Amount. \$87.60
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	•
Name	"
Trade Name, if any:	·
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
	The state of the s

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1603 East 27th Street

City

Cleveland

State

Ohio

ZIP Code + 4 44114

11.a. Nature of such dealing.

Ohio AFSCME care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing.

\$615,000.00/Yr.

12.a. Nature of interest held or income received.

Reimbursed and paid expenses for Thomas J. Ritchie, Sr. to attend the April 14, 2004 Ohio AFSCME Care Plan Board of Trustees meeting.

(See, schedule of expenses attached).

12.b. Amount.

\$401.90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses for attendance at April 14, 2004 Ohio AFSCME Care Plan Board of Trustees Meeting

> Hotel: \$194.33 Lunch: \$ 17.63 Tips: \$ 20.00 Mileage: \$159.94 Valet: \$ 10.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Erieview Tower, 20th F1.

Street

1301 East Ninth Street

City

Cleveland

State

Ohio

ZIP Code + 4 44114

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1603 East 27th Street

City C

Cleveland

State Ohio

ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer.

12.a. Nature of interest held or income received.

Dinner the evening before the Ohio AFSCME Care Plan Board of Trustees meeting provided by Duvin, Cahn & Hutton. November 9, 2004.

12.b. Amount.

\$84.76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Thomas J. Ritchie, Sr.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ohio AFSCME Care Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any	The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.		
Street 1603 East 27th Street	11.b. Approximate dollar value of such dealing. \$615,000.00/Yr.		
City Cleveland	12.a. Nature of interest held or income received.		
State Ohio ZIP Code + 4 44114	Reimbursed and paid expenses for Thomas J. Ritchie, Sr. to attend the November 10, 2004 Ohio AFSCME Care Plan Board of Trustees meeting. (See, schedule of expenses attached		
	12.b. Amount. \$356.89		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
to a manufacture and the control of			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses for attendance at November 10, 2004 Ohio AFSCME Care Plan Board of Trustees Meeting

> Breakfast: \$ 4.95 Lunch: \$ 26.36 Tips: \$ 10.00 Mileage: \$155.62 Valet: \$ 10.00 Hotel: \$149.96

Name of Person Filing Thomas J. Ritchie, Sr.	Person Filing Thomas J. Ritchie, Sr.		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza X b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	The second secon	
Name Ohio AFSCME Care Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any	The Ohio AFSCME Care Plan is a Taft Hartle Fund that provides supplemental health car life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFS AFL-CIO. Thomas J. Ritchie, Sr. is a true of the Ohio AFSCME Care Plan.		
Street 1603 East 27th Street	11.b. Approximate dollar valu	ue of such dealing. \$615,000.00/Yr.	
City Cleveland	12.a. Nature of interest held	d or income received.	
State Ohio ZIP Code + 4 44114	Registration fees and hotal deposit for Thomas J. Ritchie, Sr. to attend the 51st Annual Employee Benefits Conference to be 1 November 13 through 16, 2005. (See, schedu of expenses attached).		
	12.b. Amount.	\$1,900.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
1			

Filer: Thomas J. Ritchie, Sr.

Registration Fees/Deposits to Attend 51st Annual Employee Benefits Conference November 13 through 16, 2005

Conference Fee: \$960.00 Workshop Fee: \$590.00

Hotel Deposit: \$350.00

Name of Person Filing Thomas J. Ritchie, Sr.		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization. 8. Name and address of Business (including trade name, if any).	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s '.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization X b. Trust	
Street City State ZIP Code + 4	c. Employer	1
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name Ohio AFSCME Care Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any	The Ohio AFSCME Fund that provid life insurance a benefits to memb	Care Plan is a Taft Hartley les supplemental health care, and pre-paid legal services pers of Ohio Council 8, AFSCME, s J. Ritchie, Sr. is a trustee
Street 1603 East 27th Street	11.b. Approximate dollar valu	ue of such dealing. \$615,000.00/Yr.
City Cleveland	12.a. Nature of interest hel	
State Ohio ZIP Code + 4 44114	to attend the 50 Conference held	ases for Thomas J. Ritchie, Sr. Oth Annual Employee Benefits November 29 through December 5, nedule of expenses attached).
	12.b. Amount.	\$2,650.64
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	The same of the sa
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the second s
Name		,
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		:
Street		
City		<u>:</u>
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
10.00.10 the Bushess an Employee		

Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses for Attendance at 50th Annual Employee Benefits Conference November 29 through December 5, 2004

Breakfast:	\$ 156.70
Lunch:	\$ 82.75
Dinner:	\$ 626.40
Tips:	\$ 156.13
Cabs:	\$ 163.74
Valet:	\$ 130.00
Telephone:	\$ 12.50
Hotel:	\$1084.02
Airfare:	\$ 238.40

Name of Person Filing Thomas J. Ritchie, Sr.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City Time Trade Name, if any Street	a. Labor Organization X b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Ohio AFSCME Care Plan	The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care,		
Trade Name, if any:	life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME,		
P.O. Box, Bldg., Room No., if any	AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.		
Street 1603 East 27th Street	11.b. Approximate dollar value of such dealing. \$615,000.00/Yr.		
City Cleveland	12.a. Nature of interest held or income received.		
State Ohio ZIP Code + 4 44114	Reimbursed expenses for Thomas J. Ritchie, Sr. to attend the International Foundation of Employee Benefits Plans Conference held November 7 through 13, 2003. Reimbursement issued January 14, 2004. (See, schedule of expenses attached).		
	12.b. Amount. \$3,443.31		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	•		
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses to Attend International Foundation Conference November 7 through 13, 2003 (Reimbursement Issued 1/14/04)

Breakfast:	\$ 218.75
Lunch:	\$ 147.14
Dinner:	\$ 323.14
Tips:	\$ 137.79
Refreshments:	\$ 9.20
Valet:	\$ 43.00
Parking:	\$ 136.00
Car Rental:	\$ 241.29
Hotel:	\$ 1814.00
Airfare:	\$ 373.00